

**Issue Classification**

(Assistant Examiner) (Date)

(Primary Examiner) (Date)

**Total Claims Allowed: 8**

O.G.  
Print Claim(s)

O.G.  
Print Fig.

1

10-11☐ Claims renumbered in the same order as presented by applicant☐ CPA☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
1	1			31			61			91			121			151			181
2	2			32			62			92			122			152			182
3	3			33			63			93			123			153			183
4	4			34			64			94			124			154			184
5	5			35			65			95			125			155			185
6	6			36			66			96			126			156			186
7	7			37			67			97			127			157			187
8	8			38			68			98			128			158			188
	9			39			69			99			129			159			189
	10			40			70			100			130			160			190
	11			41			71			101			131			161			191
	12			42			72			102			132			162			192
	13			43			73			103			133			163			193
	14			44			74			104			134			164			194
	15			45			75			105			135			165			195
	16			46			76			106			136			166			196
	17			47			77			107			137			167			197
	18			48			78			108			138			168			198
	19			49			79			109			139			169			199
	20			50			80			110			140			170			200
	21			51			81			111			141			171			201
	22			52			82			112			142			172			202
	23			53			83			113			143			173			203
	24			54			84			114			144			174			204
	25			55			85			115			145			175			205
	26			56			86			116			146			176			206
	27			57			87			117			147			177			207
	28			58			88			118			148			178			208
	29			59			89			119			149			179			209
	30			60			90			120			150			180			210